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UNITED NATIONS
ECONOMIC
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GENERAL

E/ICEF/225

25 March 1953

ORIGINAL: ENGLISH

UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

Executive Board

UNICEF AID TO THE EASTERN MEDITERRANEAN AREA:
STATEMENT TO THE UNICEF EXECUTIVE BOARD ON 20 MARCH 1953
BY CHARLES EGGER, DIRECTOR, UNICEF OFFICE FOR
AFRICA, EASTERN MEDITERRANEAN AND EUROPE REGIONAL OFFICE

1. On previous occasions I had the opportunity to tell the Board of the early stages of our work in the Eastern Mediterranean; the planning which had been at the basis of our programmes, the gradual shift of emphasis from emergency aid to refugees towards more long-term work with the governments of this area, and the start of the first mass health campaigns which had been assisted by UNICEF in the fields of tuberculosis and venereal diseases.
2. I am happy at this moment to report to the Board of some real progress which has been made in advancing child welfare activities in Eastern Mediterranean countries. It can be stated that UNICEF has now caught up a certain backlog as compared to other areas and that first results are beginning to show up which will have a real impact on the welfare and health of children.
3. This more active phase of our work has been greatly encouraged and even inspired by a growing interest among people and governments taking place in the Eastern Mediterranean to improve their living standards. This undercurrent has made the countries in this area particularly receptive at this time to the character of aid that UNICEF and the specialized agencies of UN are offering, emphasizing the joint effort to be made, and keeping in line with the possibilities of development that exist in the countries. Progress has been made despite a certain restlessness, which has marked the political life in this area. To-day

/I would like

(11 p.)

I would like to run across some of our main activities that characterize UNICEF work in the Middle East.

4. Concerning the first long-term programme, UNICEF assistance to introduce preventive vaccination against tuberculosis, broad mass campaigns are under way in Iran, Iraq, Turkey and Egypt. To show the impact of these campaigns it might be useful to note the numbers of children already reached. From 1949 to the end of 1952, 6 million children have been tested and 2.1 million of the 6 million tested have been protected against tuberculosis through BCG vaccination. The campaigns are continuing at an average rate of 200,000 children per month being tested in the aforementioned countries. The 6 million children that have been tested so far do represent roughly 1/5th of the total child population in Eastern Mediterranean countries.

5. In Iran and Iraq the work of international and national teams has so far centered around the capitals, Baghdad and Teheran where most of the schools, orphanages, childrens institutions, and so forth, have been covered. Preparations are being made to extend now this work to other areas outside the capitals. In Turkey the extended mass campaign, reinforced by international assistance, has gotten under way by early January 1953 and good reports have reached us so far on the progress being made.

6. In Egypt the campaign is continuing under the Government's sole responsibility after the withdrawal of international personnel. Supplies and equipment have been turned over to the Government and a plan agreed allowing the Government to continue the programme on their own. Advisory assistance will continue to be made available to the Egyptian Government by the resident BCG Advisor in the WHO Regional Office.

7. The start of the campaigns in Libya and in Ethiopia has been somewhat

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delayed by the difficulties WHO is increasingly encountering in the recruitment of qualified personnel.

8. Adequate supply lines have now been established for all the campaigns. For the Iranian campaign BCG vaccine is being flown regularly to Teheran from the Pasteur Institute in Paris, whereas vaccine and tuberculin for the Iraqi, the Ethiopian and the Libyan campaigns is, or will be, made available from the Vaccine and Serum Institute in Agouza near Cairo. The WHO team leaders Dr. Ganshier and Dr. Tabona in Iran and in Iraq are doing outstanding work, both in demonstrating and in carrying out preventive tuberculosis vaccination and must be, together with their national counterparts, congratulated for their performance.

9. In the course of this coming year we have to determine the character and scope of UNICEF's assistance for the continuation of these campaigns. This will be an opportune moment to evaluate the progress made so far. WHO is somewhat concerned, for instance, as to the relatively high number of negative reactors found in Iran. It has further been increasingly realized that the quality of a campaign is directly related to the degree of educational preparation being made among parents, teachers, health authorities, and so forth, by those responsible for the organisation of such campaigns.

10. MALARIA: I would like here to give an overall picture of how, through joint efforts of governments in this area with the assistance of the World Health Organization, of UNICEF, of the Technical Cooperation Administration, efforts are being made to attack Malaria from all sides to try to limit its effects, which are still serious in certain parts of the Eastern Mediterranean. In Syria, for instance, UNICEF has assisted the Government in continuing and extending its protection of the population in South and East Damascus through large-scale

/spraying measures.

spraying measures. Under the direction of a young, very qualified, Syrian Malariologist, Dr. Fakir, more than 100,000 people have been protected early this year. North of this campaign, the Government, with WHO assistance, has established a training and demonstration centre in Homs, which has already started its work and trained a number of teams working in the governmental campaign. This training and demonstration centre will expand its activities and carry larger scale spraying measures along the Orontes Valley to Aleppo. For this expansion, UNICEF's participation may be requested. Similar efforts are being made in Lebanon along the coast and between the two mountain ranges of the Lebanon and the Anti-lebanon, with the help of the WHO Malaria Advisor, Dr. Grammicca, in order to cover all malaria ridden areas of the two countries in a parallel effort. From northern Syria, malaria campaigns will have to be extended to the area between the two rivers, the Tigris and the Euphrates, where the slow-flowing confluents of the two large rivers constitute many breeding places for the mosquito larva.

11. This area shows great possibilities of later agricultural development and may offer ground for the resettlement of many people if it were possible to build roads, to make water available and to eradicate malaria. The Food and Agriculture Organization and the World Health Organization, are jointly, with the Syrian Government, considering plans to assist the Government in opening this area. UNICEF's help at some later stage for the introduction of large-scale measures to attack Malaria may be requested. However, malaria does not stop at the Syrian frontier. It goes into Iraq and follows again mainly the direction between the two rivers. In Iraq malaria has already been the concern of the **Iraqian** Government for some time. Additional efforts are being made, with the assistance of WHO, in a pilot campaign in the Suleimanje Valley, along the mountain range of the **Iraqi-** Persian border which is the country of Kurds. This first stage of

/modern

modern malaria control will be expanded with UNICEF's assistance along the whole mountain range there, reaching later the plain along the two rivers.

12. In Iran an excellent WHO Advisory Team has been helping in a large-scale malaria campaign which the Iranian Government has successfully organized and TCA has supplied DDT and equipment for this purpose.

13. In Turkey, here again, primarily in the south-eastern part of the country along the Syrian border, adequate measures to control malaria were taken after the war and with considerable assistance by MSA the Turkish Government has made impressive progress in this direction.

14. All these efforts demonstrate that you cannot deal with malaria on a local basis. It is a problem of regional dimensions and governmental efforts must be coordinated on an overall basis. Although this plan has, in its early stages, been developed empirically, it has gradually been woven into an overall pattern which will allow a concentrated attack being made on malaria from all sides. I could not think of a better example of UNICEF's efforts being integrated in a general program where our assistance was being considered by a Government of special value.

15. At this time the Regional Malaria Advisor of WHO, Dr. Morin, is leaving this area to take up a new assignment as a WHO expert for the malaria campaign in the French Cameroons, and we wish to pay him a tribute for the contribution that he has made to introduce the modern techniques of malaria control in many countries in the Eastern Mediterranean and for his participation in the preparation of this overall plan.

16. VD PROGRAMMES: You will have seen in the Executive Director's Progress Report the work which has been accomplished by the Iraqi Bejel campaign. However, this Report can only give an incomplete picture of the tremendous efforts being

made by the teams to visit the individual villages in a Bejel-stricken area. In the marshy area in South Eastern Iraq it sometimes means that the teams have to get up at 2 o'clock in the morning and ride in cars for six hours over rough country roads. They then have to change to a motor launch and travel for five hours on the river until there is not sufficient water to carry the launch, and then they have, for three hours, to change over to a smaller rowing boat in order to reach one of the villages. They arrive there in the afternoon, go to work immediately and examine the whole village and select those that show signs of this disease. They treat these with penicillin, seek out all the contacts and often deal with other current ailments at the same time until sunset. Then they have before them the same long journey over the return route in a small rowing boat whose crew is by now tired and must be convinced with additional pay and good words to continue. They then go on by launch and by car to arrive back at their base in the early hours of the morning to face a new day of work.

17. This campaign will be continued throughout 1953 with some personnel assistance by WHO and penicillin from UNICEF.

18. MCW: From a small beginning of two simple training and administrative centres in Lebanon and Syria, vehicles for Israel and the more comprehensive programmes for Jordan and Libya, all previously approved by the Executive Board, the present recommendations to the Board of 4 other major projects indicate the increasing emphasis being given to the work in this field in the Eastern Mediterranean by the governments, WHO and UNICEF. In Lebanon the first group of nurses have finished their training and passed their examinations early this year to go back to their casas and take up work as auxiliary nurse midwives, equipped with a UNICEF midwife bag.

19. In Syria the start was a little delayed but training is now going ahead and the first course is due to take place now. Vehicles provided to Israel have carried doctors and nurses to remote and hitherto neglected villages. Final plans for the Jordan and Libya MCW projects have been worked out and procurement is now under way for Libya. The four projects now before the Board reveal the considerable efforts that have been made over the months to prepare these recommendations for the Board, and are the result of an intelligent planning which has been developed by the MCH Advisor of the WHO Regional Office, Dr. Hesselwik and our Area Representative, Mr. Hans Ehrenstrale and his staff (and in the case of Turkey of the WHO Regional Office for Europe).

20. Looking over all four programmes, one may deduce that there is no fixed scheme being applied automatically to all countries. Each programme, as such, looks different and has taken into account the special conditions prevailing in that country, its particular health organization, its needs and assistance that may be available from other sources. For instance, in Turkey an overall comprehensive and thorough plan has been developed which calls for UNICEF and WHO assistance to advance mother and child health work on all fronts. In comparison to this we are being asked to assist in Israel in the development and extension of new mother and child health services in permanent settlements which are primarily occupied by immigrants recently arrived in Israel and for villages long inhabited by Arab peoples.

21. In Iraq, on the other hand, the planning had to take account of training activities already assisted by the World Health Organization and TCA. Here UNICEF is completing these training programmes by concentrating on the training of rural midwives and equipping of centres in rural areas.

22. In Egypt the help given by UNICEF will allow the Government to maintain and improve gradually activity which the Government had developed over a number of years in making appropriate mother and child health centres available to the Egyptian village and needy city people.

23. UNICEF's aid in expendable supplies will permit these centres to improve their work and it is hoped that their attendance will increase. The Governments in turn will expand the training of staff to make sufficient personnel available.

24. I very much hope that UNICEF in future will maintain this flexibility in this field and show the same understanding for varying conditions when defining its attitude towards requests that are reaching us, although all of them have one common objective.

25. SCHOOL FEEDING: You have before you a recommendation for school feeding in Iraq which is a new type of programme characterized by the special type of participation of the Government. I would like to add some general remarks to this. Here again we hope that this type of programme may be developed in other parts of the Eastern Mediterranean Region. We feel that where real interest has been expressed for supplementary feeding of children in schools, which is substantiated by nutritional needs where there is a willingness to participate on a substantial scale in such a programme from the beginning, and there exists realistic expectation that such a programme will be continued through importation of cheap foodstuffs or development of local products, subsequently we should be receptive to such requests. They do not only merit our attention from the point of view of better nutrition of school children, but they may, at the same time, allow governments to pay more attention to the general health of children and improve their school health facilities.

26. MCP: Extensive country visits have taken place since the last Board Meeting to develop suitable plans of operation to implement three programmes that the Board approved last time for Turkey, Iraq and Egypt. Experts of the governments and of the international agencies have carefully examined on the spot the production, collection, processing and distribution of milk, in order to plan

/most concretely

most concretely the manifold responsibilities that have to be met to execute this work. Joint visits between FAO Dairy Experts and UNICEF Milk Engineers have taken place as a result of which the plan of operations for Turkey is being signed at the moment and two comprehensive draft plans of operations have been drawn up in close collaboration with the Egyptian and Iraqi Governments.

27. We will have the opportunity to hear afterwards the FAO representatives who accompanied our group, Mr. Anderson, and I would just like to underline the value we attached to such joint visits, which are increasingly bringing FAO much nearer to the main fields of our MCP activities.

28. On previous programmes, the Board will be interested to learn that the Israeli Milk Conservation Programme was signed in December after a period of considerable negotiations which have been brought about by the changed outlook of the Israel economy. We are happy with the solution that has been found in channeling the main matching obligations of the government into investments to further milk production and collection.

29. Regarding Iran, a special recommendation has been submitted to the Board, for some additional UNICEF aid. In the recent past we have had new opportunity to gauge and appreciate the real interest of the government to see this programme through and the understanding displayed by the TCA Mission for a possible further participation in this programme.

30. EMERGENCIES: Our main assistance to emergency programmes has continued to be the supplementary feeding of the resident population in Gaza and for the children and mothers in the Jordan Border villages. The Board will note with interest the utilization made of the Yugoslav contribution in the form of pre-fabricated houses, half of which have already been erected in Gaza and which have met with great satisfaction on behalf of the population which is using and will use these pre-fabricated houses in the near future.

/31. We are

31. We are obliged to UNRWA for the skill they have shown in erecting these buildings as well as to the Egyptian Government in participating effectively in the transport, erection and partial subsidizing of the units to be utilized for schools, clinics and milk distribution centers.

Problems Ahead of Us

32. The main call on UNICEF's assistance in the immediate future will still be for the continuation of mass campaigns already initiated aiming at full achievement of the targets set forth. In the second place, UNICEF will have to initiate and develop further the mother and child welfare programmes under operation or presently being recommended to the Board. They are of real importance to the Eastern Mediterranean area. For each of the projects we are stepping in at a different moment and under varying circumstances. We may be expected to give further assistance both to improve the quality of the services rendered as well as to extend the work to other areas. Depending on the decisions of the Joint Committee on Health Policy Meeting, we may be able to complete through environmental sanitation the present recognized type of assistance in the field of mother and child health.

33. A largely unsolved problem remains: that of nutrition in the Eastern Mediterranean. In some respects UNICEF is giving aid towards meeting this problem in assisting governments to develop and improve their own milk resources and possibly in introducing supplementary school feeding where there is scope for continuation and extension through the countries own resources. This might be coupled with further assistance in the field of school health. However, we have to ask ourselves if this is enough. The WHO Advisor of the Syrian MCW Programme, Dr. Human, after many months of study of child health problems in Syria, has indicated that in his opinion malnutrition is the most important problem affecting the health of children, which has taken the greatest toll in human lives, especially in the post-weaning /period. Much

period. Much more attention will have to be paid to the educational aspects of nutrition as part of our MCW programmes and we should be more actively concerned in surveying the possibilities of encouraging the production of protein food items other than milk, particularly qualified for child feeding.

34. We may also anticipate geographical extension of our work in the Eastern Mediterranean, particularly in the area around the Red Sea where preliminary projects and expressions of interest have reached us from Saudi Arabia, Yemen, the Protectorate of Aden and the Trust Territory of Somaliland. In the Sudan and Ethiopia we have so far only engaged in small-scale BCG operations and further visits to those countries might widen the scope of possible UNICEF assistance to them.

35. Following up on existing programmes and the possibilities of entering into new fields, will require concentrated attention on behalf of UNICEF if we are to meet the demands that are made on us.

36. As I indicated at the beginning, UNICEF has developed into a fully operating agency of the United Nations in the Eastern Mediterranean. In the past we have been rather conservative in publicizing our efforts and in our direct relations with governments the time has now come to pay more attention to this problem. We have a right and it is our duty to tell the people in the Eastern Mediterranean what UNICEF has already been able to do in company with other specialized agencies of the United Nations in assisting countries to develop their child welfare programmes and the impact it is beginning to make on the health of children, as well as stressing the foundation which has been laid for permanent work for which a growing understanding is developing in the Eastern Mediterranean. We may thus be able also to ask, with more justification than in the past, the governments of this area to participate in the work of the Fund, not only in contributing to the work in their own countries but also in helping us to carry the work on in other countries of the Eastern Mediterranean as well as in other areas of the world.
